

Malaria

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*** *My students drew my attention towards an article published in British Homoeopathic Journal; November 18, 2000 at*

http://www.findarticles.com/cf_0/m0999/7271_321/67708490/print.jhtml wherein it was concluded that Homoeopathic medicines has no role in preventing Malaria, and requested me to put my views on this. Though, the concerns of these honorable authors is well being of the commoners but I do hope that they will definitely agree with my long standing experience in Homoeopathic Practice after going through the details of Homoeopathic Medicine's role in treating and preventing MALARIA.

*I have spent more than 15 years in malaria prone areas and successfully treated Malarial cases even chloroquine resistance cases with Homoeopathic Medicines, which were even acknowledged by the Officials of National Malaria End Program, Govt. of India far back in 1976-79. Preventive Homoeopathic Medicines as discussed in the above mentioned article is not based on any clinical experience and recommended only on the basis of one individual case. **Malaria Off** (medicine, as mentioned in the article) has no clinical record of its proven efficacy in preventive malaria and not much of the Homoeopaths use this in tropical countries like India. As such concluding only on the basis of one incident that Homoeopathic Medicine(s) has no role in preventing malaria is totally ridiculous.*

This article is therefore put forward for the information of Homoeopathic Physicians and others that Homoeopathic Medicine can successfully treat Malaria.

A brief Introduction about Malaria...

Malaria is a serious, infectious disease spread by certain mosquitoes and characterized by fever, sweats, and chills. It is most common in tropical climates. Malaria is caused by four species of protozoan parasites: *Plasmodium vivax*, *P. falciparum*, *P. malariae*, and *P. ovale*. Infection occurs through the bite of an infected mosquito or by contact with blood products from an infected individual.

A mosquito carrier bites a human host and injects the sporozoites, which reside and multiply in the parenchymal cells of the liver. After a maturation period averaging 2 to 4 weeks, merozoites are released and invade the erythrocytes. The infected erythrocytes rupture and release merozoites, pyrogens, and toxins, which cause hemolysis, sluggish blood flow in the capillaries, and adherence of infected erythrocytes to venous walls, obstructing blood flow, increasing the permeability of the capillaries, and causing tissue extravasation, particularly in the brain and gastrointestinal system.

The incubation period is followed by a 2- to 3-day prodromal period marked by low-grade fever, malaise, headache, joint aches, and chills similar to the flu and often misdiagnosed and treated as such. A paroxysmal pattern is then established, beginning with a shaking chill and followed by fever and sweats. After the fever and sweats (usually lasting 1 to 8 hours), the person feels well until the next chill begins. One cycle ranges from 20 to 72 hours, depending on the parasite involved. A physical evaluation revealing the paroxysmal pattern and an enlarged spleen plus a history of exposure to an endemic area within the year is significant. A blood smear that isolates the parasite provides the definitive diagnosis.

Homoeopathic Remedies

ALSTONIA SCHOLARIS: (Dita Bark)

Clinically this medicine has been proved to eradicate malarial parasite from blood and such this is the first remedy to be used when malarial parasite found positive in blood slide. This especially useful in P Vivax infection. This very similar to ALSTONIA CONSTRICTA, the bitter bark or native quinine of Australia. DITAIN (active principle, is anti-periodic, like quinine, but without unpleasant effects).

CHINUM SULPH : It has undoubtedly have effect on Malaria wherever the periodicity and chills in fever. It is used for malarial P. Vivax infection.

CHININUM PUREUM: It is used in P. Falciparum infection and resistance malarial infection to other antimalarials (allopathy).

CEANOTHUS: It is very useful in chronic splenitis, dependent upon malaria and abuse of quinine. Chilliness must sit near the fire. Unable to lie on the Left side.

CEDRON: Exact Periodicity is the most characteristic symptom of this remedy (Aranea).

NATRUM MUR: Indicated in P.Vivax infection when fever starts with chill between (AM to 11 AM). 12 noon to 3PM (China group), 4 to 8PM (Lyco, Puls), 5 PM (Cedron)

IPECAC: First medicine to think in malaria especially if a patient coming from allopathic treatment. Constant Nausea (without any relief from vomiting), slightest chill with much heat without thirst (thirst during heat; Eup.Pur). Relapses with improper diet. All three stages of malarial fever are found in Ipecac.

GELSEMIUM: Chill; wants to be held. Heat & sweat stages long and exhaustive with much muscular soreness and violent headache, without thirst. Chillness along the spine with a feeling of going up and down. Most suitable for P.Falciparum.

PULSATILLA: Chilliness even in warm room without thirst. Erratic temperature. Best suited for spoiled cases by allopathic drugs especially in P Vivax.

PREVENTIVE MEDICINES

The most successful medicine according to me is **Sulphur Q & China Q**. The recommended dose is only *One drop* with drinking water daily for 7 days and afterwards once in week.

Conclusion

It has been observed in my long standing in practice (30 yrs) that Homoeopathic medicines when administered, first gives immediate **rise** in temperature especially when you prescribe Chinum-Sulph 200 or high. It is always advisable to give Bryonia 1M along with Chin-Sulph to control the high fever. For exhaustiveness in malarial fever one must add Alstonia Q. Once treated successfully patients for years together don't get the Malarial fever again. The reason of this phenomenon is not explainable with the present day knowledge but it happens.

Warning

The above given information of the disease is for the general awareness for the commoners. Homoeopathic medicines should not be taken without the proper guidance of qualified and registered Homoeopathic physician.